



Empowering Healthcare

## ERA Payer Agreement Instructions for Arkansas Medicaid – Payer ID MC029

### Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/Provider and the Payer. McKesson does not manage or transmit EFTs.

Before receiving ERAs for Arkansas Medicaid the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form
- Complete Arkansas Medicaid 's Electronic Remittance Advice Enrollment Form.

### **Guidelines for completing: Arkansas Medicaid Electronic Remittance Advice Enrollment Form:**

- No Agreement Required
- Submit one McKesson ERA Enrollment Request form for each Physician/Group Tax ID.
- Forward McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Arkansas Medicaid ERA.

Fax completed McKesson ERA Enrollment Request Form to:

<b>McKesson EDI Enrollment</b>
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**800-633-4763**

